## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93) (DGS ELECTRONIC) Page\_\_\_\_\_\_ of\_\_\_\_\_

31D. 202 (REV. 12/93) (DG3 ELECTRONIC)												Pi	age	01	
CLAIM	ANT'S NA	AME	SSAN	N or EMPLOYE	E NUMBER	*	DEPARTMENT	Г							
POSITION					CB/ID NUMBER		DIVISION or BUREAU						INDEX NUMBER		
RESIDENCE ADDRESS*  CITY STATE ZIP CODE							HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
							CITY					STATE ZIP CODE			
(1) MONTH/YEAR (3)			(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	TION		(8)	(9)	
						O.T., L/T		(A)	(B)	(C)		(D)		TOTAL	
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO OR DINNER	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,	MILES	AMOUNT	EXPENSE	EXPENSES FOR DAY	
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COL	UIVIN C	CODE (ACCTG. USE ONLY)													
		CLAIM TOTAL													
(11) PL	IRPOSE	OF TRIP, REMARKS AND DETAILS (Atta	ach receipts/	vouchers wher	required)						(12) NO	RMAL WOR	K HOURS		
											(13) PR	IVATE VEHI	CLE LICENSE	NUMBER	
											(14) MIL	AGE RATE	CLAIMED		
AGENC											ACCOUNTING OFFICE USE ONLY				
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incomplete of California. If a privately owned vehicle was used, and if milage rates exceed the complete of th						mum rate, I	cordance with DPA rules in the service of the State I certify that the cost of operating the vehicle was					BY REVOLVING FUND CHECK NUMBER			
equal to or greater than the rate claimed, and that I have met the requirement pertaining to vehicle safety and seat belt usage  CLAIMANT'S SIGNATURE					ents as pres	s prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754						<b>-</b> I			
CLAIMANT'S SIGNATURE DATE						(16) SI	IGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT					I DA	DATE		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)									D	DATE					